ness, with palpitations and trembling of the hand; three ministers who became dizzy, as at a great height, when they mounted their pulpits; two agoraphobiacs, whose special difficulty was with open spaces that were paved; two locomotive engineers who were unable, on account of somewhat similar attacks connected with their business, to do their work. On the motor side the disturbances appear as obscure compulsions or inhibitions, like those experienced in high places—a merchant sees the bread-knife and his child, or later, the child alone, and has an almost uncontrollable impulse to cut its throat; a more unfortunate peasant, under similar circumstances, actually murders his child; others are urged to acts of a perverted sexual nature.

Le pazzie transitorie. S. VENTURI. Napoli, 1888. pp. xii, 94. Abstract by Sommer in Neurol. Centralbl. No. 15, 1888.

In this short treatise on temporary insanity Prof. Venturi has collected 56 cases so diagnosed. After rejecting 24 of these that had shown earlier signs of psychical irregularity, he divides the remaining 32 into six groups as follows: 1. Passionate—one incompletely observed case, corresponding to pathological anger in that it followed an insult and was followed by deep sleep and amnesia. 2. Impulsive (6 cases)—a single senseless, generally violent deed, followed at once by a short period of delirium without further violent inclinations. 3. Hallucinated (2 cases)—confused delirium following sudden hallucinations of sight. 4. Somnambulic (4 cases). 5. Melancholic (2 cases). 6. Maniacal (17 cases). Direct predisposition was found in 7 of these 17, and indirect in 11; prodromic headache and oppression were present twice. The attack lasted 6 hours in four cases; 8, 10 and 12 hours in two cases each; 3, 4, 5, 13, 14, 15 and 24 hours in a single case each. There were attempts at murder four times, at suicide twice, violence to bystanders seven times, and mere destructiveness four times. In three cases certainly there was recurrence of the attack. Deep sleep and amnesia followed in these 17 cases, though in those of the other forms the sleep was wanting eight times and the amnesia three. Prof. Lombroso furnishes a commendatory introduction, though still holding to his opinion as to the epileptic origin of temporary insanity.

On the Pathology of Delusional Insanity (Monomania). JOSEPH WIGLESWORTH. Journal of Mental Science, October, 1888.

The pathological distinction that the author suggests between mania and monomania is incisively stated as follows: "Mania begins from the top, monomania from the bottom." In mania the regulative control of the highest centres is disturbed, and the lower centres are over-active in consequence; in monomania the trouble is in the lower centres (including under that term the cortical centres primarily concerned in perception, and those below them), or still nearer the periphery. The intellect is, at least at first, untouched, but is misled by the abnormal sensory or perceptive data furnished to it from below. The constant association of hallucinations with typical delusional insanity, and the frequency with which the delusions can be traced to them, make the presumption strong that the disease that causes the hallucinations is the tap-root of the insanity. That such is the case is further made probable by certain cases of locomotor ataxy, in which the development of delusions may be followed concurrently with the advance of the disease in the peripheral nerves.